



Voluntary Leave Transfer Program (VLTP) Request Process - APPROVER

Where: Employee Leave Balance Page
Who: Approver
Timeframe: Anytime during pay period

Purpose:

An employee may request VLTP for the purpose of a medical emergency for themselves or a family member. In addition, an employee may request VLTP for military purposes for a family member. Appropriate medical/military documentation must be submitted to the NASA Shared Service Center Payroll Office (NPO) at **1-866-779-6772**.

Approver Procedure:


1. Approvers may access employees' leave request from the "List Timesheets" tab.



2. Follow the steps below:
 - a. Choose the appropriate "Organization"
 - b. Locate the employee
 - c. Click the link under the Electronic Leave Form "ELF" column



- A list of all pending leave forms for the employee is displayed. Select the “Edit” button to the right of the VLTP request that is “Pending Final Approval”.

 WebTADS MSFC (WebTADS eAuth Testing)

My Timesheet

List Timesheets


Online Support

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Welcome:

System: Normal

Today is 07/08/2011



All Pending Leave Forms for

ID	Employee	Type	Status	Hours (Total)	Pay Period Begin Date	Actual Emergency/Event Begin Date	Est. End Date	Action
6200-03241		LEAVE RECIPIENT	Pending Final Approval	0.0	5/22/2011	5/29/2011	8/29/2011	Edit

- The Approver will have the option to “Approve”, “Disapprove”, or “Withdraw”. The Approver will also be able to modify the request if necessary. Comments are required upon “Disapprove” or “Withdraw”. As well, a pdf of the request may be viewed and printed by clicking the pdf icon to the right of the request number. Navigation to the pending or historical leave request lists is available to the far right in the header section.

WebTADS MSFC (WebTADS eAuth Testing)
Welcome:
System: Normal
Today is 07/08/2011
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Request to Become a Leave Recipient for

Leave Request Number: 6200-03241
Initiated by:
Status: Pending Final Approval
Medical Documentation received by:

[List Pending](#)
[List Historical](#)

This request may be approved. Please review the statements at the bottom of this form and click the Approve button.

Withdraw
Disapprove
Update

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY)

Estimated End Date

Individual affected by medical emergency (Select One)

Select appropriate disclosure information

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Emergency

Indicate telephone number where initiator of this request can be reached

Select individual for approval

Comments (include justification)

Emergency Contact

Emergency Contact Phone XXX-XXX-XXXX

Employee Alternate Email

500 / 500

Comment
Changed By
Changed On

Privacy Act Statement:

Approve

- When “Withdraw” or “Disapprove” is selected, an “Are you sure?” dialogue box appears. Clicking “Withdraw (Yes)” or “Disapprove (Yes)” will generate an email to the employee, initiator, approver, Center Employee Relations office (ER) and NPO. Clicking “Withdraw (No)” or “Disapprove (No)” will take the approver back to the request to select another option.

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Request to Become a Leave Recipient for

Leave Request Number: 6200-03242
Initiated by:
Status: Pending Final Approval
Medical Documentation received by

Are you sure you want to withdraw this request?

NOTE: Comment is REQUIRED for Withdrawal. Please enter comment before selecting 'Yes'.

- When “Approve” is selected, an email is sent to the employee, initiator, approver, Center ER office and NPO notifying them that a request has been approved.

WebTADS MSFC (WebTADS eAuth Testing) Welcome: System: Normal Today is 07/08/2011

Request to Become a Leave Recipient for

Leave Request Number: 6200-03241
Initiated by:
Status: Pending Final Approval
Medical Documentation received by

This request may be approved. Please review the statements at the bottom of this form and click the Approve button.

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency
Actual Emergency/Event Begin Date (MM/DD/YYYY)
Estimated End Date

Individual affected by medical emergency (Select One)
☒ Self
☐ Family Member
☐ Family Military Prep
☐ Family Military Injury

Select appropriate disclosure information
☐ Do NOT disclose applicant name on agency-wide leave share recipient list.
☐ Disclose applicant name on agency-wide leave share recipient list.
☒ Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.
Emergency

Indicate telephone number where initiator of this request can be reached
XXX-XXX-XXXX

Select individual for approval

Comments (include justification)

Emergency Contact
Emergency Contact Phone XXX-XXX-XXXX
Employee Alternate Email

John Doe
555-123-5555

500 / 500

Approve

- The status is updated to "Final Approval by (Approver's Name) on (date)".

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Welcome: System: Normal Today is 07/08/2011

Request to Become a Leave Recipient for

Leave Request Number: 6200-03241

Initiated by:

Status: Final Approval by

Medical Documentation received by

List Pending
List Historical

Extend Request | Apply Comments

- The request moves from the pending list on the Leave Balances page to the approved section on the Leave Balances page.

ACTIVE LEAVE FORM REQUESTS for

Approved ASL Requests: 0
Approved VLTP Requests: 2

Request #	Request Type	Requests	Pay Period Begin Date	Actual Emergency/Event Begin Date	Estimated End Date
6200-03240	VLTP	Self	06/19/2011	06/29/2011	08/29/2011
6200-03241	VLTP	Self	05/22/2011	05/29/2011	08/29/2011



Approver Extension Procedure:

1. The Approver can "Extend" the request on the employee's behalf if necessary. An employee may extend a **CURRENT** VLTP request if 1) The currently approved medical condition is ongoing beyond the approved estimated end date. **ADDITIONAL SUPPORTING DOCUMENTATION MUST BE SENT TO NSSC FOR JUSTIFICATION.**
2. Click the link in the approved section of the request that needs to be extended. The request displays with the option to extend. Click "Extend Request".

WebTADS MSFC (WebTADS eAuth Testing) Welcome: System: Normal Today is 07/08/2011

My Timesheet List Timesheets Online Support Logout

Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by: List Pending
Status: Final Approval by List Historical
Medical Documentation received by

[Extend Request](#) [Apply Comments](#)

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency:

Actual Emergency/Event Begin Date (MM/DD/YYYY):

Estimated End Date:

Select appropriate disclosure information:

- ☐ Do NOT disclose applicant name on agency-wide leave share recipient list.
- ☐ Disclose applicant name on agency-wide leave share recipient list.
- ☒ Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Individual affected by medical emergency (Select One):

- ☒ Self
- ☐ Family Member
- ☐ Family Military Prep
- ☐ Family Military Injury

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX:

Individual selected to provide approval:

Comments (include justification):

Emergency Contact:

Emergency Contact Phone XXX-XXX-XXXX:

Employee Alternate Email:

500 / 500



3. A yellow validation box appears. Follow the steps below:
 - a. Enter a comment
 - b. Click "Extend Request (Yes)"

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Welcome: System: Normal Today is 07/08/2011

My Timesheet List Timesheets Online Support Logout

Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by:

Status: Final Approval

Medical Documentation received by

List Pending
List Historical

b

Are you sure you want to extend this request?

Extend Request (Yes) Extend Request (No)

NOTE: Comment is REQUIRED for Extension. Please enter comment before selecting 'Yes'.

Extend Request

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY)

Estimated End Date

Emergency

06/29/2011

09/29/2011

Select appropriate disclosure information

☐ Do NOT disclose applicant name on agency-wide leave share recipient list.

☐ Disclose applicant name on agency-wide leave share recipient list.

☒ Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Emergency

Indicate telephone number where initiator of this request can be reached
XXX-XXX-XXXX

555-555-5555

Individual selected to provide approval:

Comments (include justification)

Need to extend request

Emergency Contact

John Doe

Emergency Contact Phone XXX-XXX-XXXX

555-123-5555

Employee Alternate Email

478 / 500




4. Another yellow instruction box appears. Follow the steps below:
 - a. Enter a new end date
 - b. Click "Update"


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Request to Become a Leave Recipient for

Leave Request Number: 6200-03239 
Initiated by: List Pending
Status: Final Approval List Historical
Medical Documentation received by:

Please Enter new End Date, Update and Submit for Extension.


b  [Update](#) [Cancel](#) [Apply Comments](#)

All fields, except "Alternate Email", are required.

Nature and severity of the medical emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY)

OLD Estimated End Date

NEW Estimated End Date **a** 

Individual affected by medical emergency (Select One)

- ☒ Self
- ☐ Family Member
- ☐ Family Military Prep
- ☐ Family Military Injury

Select appropriate disclosure information

- ☐ Do NOT disclose applicant name on agency-wide leave share recipient list.
- ☐ Disclose applicant name on agency-wide leave share recipient list.
- ☒ Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Indicate telephone number where initiator of this request can be reached
XXX-XXX-XXXX

Individual selected to provide approval:

Comments (include justification)

500 / 500

Emergency Contact

Emergency Contact Phone XXX-XXX-XXXX

Employee Alternate Email

- After clicking "Update", the "Submit Extension" button will appear at the bottom of the form unless there are errors found. If errors are found, simply follow instructions for correction and click "Update" again.

WebTADS MSFC (WebTADS eAuth Testing)

Welcome: System: Normal Today is 07/08/2011

Request to Become a Leave Recipient for

Leave Request Number: 6200-03239
Initiated by:
Status: Final Approval
Medical Documentation received by

Please Enter new End Date, Update and Submit for Extension.

Update Cancel Apply Comments

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency: Emergency

Actual Emergency/Event Begin Date (MM/DD/YYYY): 06/29/2011

OLD Estimated End Date: 08/29/2011

NEW Estimated End Date: 09/29/2011

Select appropriate disclosure information:

☐ Do NOT disclose applicant name on agency-wide leave share recipient list.

☐ Disclose applicant name on agency-wide leave share recipient list.

☒ Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Emergency

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX: 555-555-5555

Individual selected to provide approval:

Individual affected by medical emergency (Select One):

☒ Self

☐ Family Member

☐ Family Military Prep

☐ Family Military Injury

Comments (include justification):

Emergency Contact: John Doe

Emergency Contact Phone XXX-XXX-XXXX: 555-123-5555

Employee Alternate Email:

500 / 500

Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53
Input Comments here		07/08/2011 09:39:11
Extend Request Needed		07/08/2011 11:35:30
Need to extend request		07/08/2011 11:40:54

Privacy Act Statement:

Submit for Extension

- Request successfully submitted. An email notification will be sent to the employee/initiator, approver, NPO, and Center ER notifying them that the request has been extended.

WebTADS MSFC (WebTADS eAuth Testing)

Welcome: System: Normal Today is 07/08/2011

Request to Become a Leave Recipient for

Leave Request Number: 6200-03239
Initiated by:
Status: Extension Pending NPO Review
Medical Documentation received by

Your extension request has been submitted.

Update Apply Comments

- The request is routed to NPO for medical/military documentation acceptance. After NPO validates the new documentation, the request is routed back to the approver for final approval. The approver can edit the request at this time if necessary. Make changes and click update again to save. Click "Approve". Email notifications are sent to the employee, approver, NPO, and Center ER notifying them that the request has been approved.

WebTADS MSFC (WebTADS eAuth Testing) Welcome: System: Normal Today is 07/08/2011

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Request to Become a Leave Recipient for

Leave Request Number: 6200-03239

Initiated by: List Pending
List Historical

Status: Extension Pending Final Approval

Medical Documentation received by

Your extension request is pending approval.

[Disapprove](#) [Update](#) [Apply Comments](#)

All fields, except 'Alternate Email', are required.

Nature and severity of the medical emergency:

Actual Emergency/Event Begin Date (MM/DD/YYYY):

OLD Estimated End Date:

NEW Estimated End Date:

Select appropriate disclosure information

☐ Do NOT disclose applicant name on agency-wide leave share recipient list.

☐ Disclose applicant name on agency-wide leave share recipient list.

☒ Disclose applicant name and description of medical/military emergency on agency-wide leave share recipient list.

Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual/restored leave to the applicant.

Individual affected by medical emergency (Select One)

☒ Self

☐ Family Member

☐ Family Military Prep

☐ Family Military Injury

Indicate telephone number where initiator of this request can be reached XXX-XXX-XXXX:

Individual selected to provide approval:

Comments (include justification):

Emergency Contact:

Emergency Contact Phone XXX-XXX-XXXX:

Employee Alternate Email:

500 / 500

Comment	Changed By	Changed On
Emergency		07/08/2011 09:37:53
Input Comments here		07/08/2011 09:39:11
Extend Request Needed		07/08/2011 11:35:30

Privacy Act Statement:

[Approve](#)

Special Considerations:

- The request can be withdrawn by the employee/initiator, NPO, or the Approver any time prior to approval. After approval, the request must be terminated. The employee and NPO are the only roles that can terminate a request.
- Requests pending NPO review can be viewed by clicking on the "List Pending Request" link on the Leave Balance page. Historical requests can be viewed on the "List Historical Request" link just below the pending list link.
- The employee (or initiator) does not have the ability to modify the request once submitted (withdraw or apply comments are the only options). If changes are necessary, the employee should contact their approver or NPO.
- Medical documentation must be faxed to the NSSC Payroll office to complete the request and approval process. **NSSC fax number is 1-866-779-6772. For assistance, call the NSSC Customer Contact Center at 1-877-677-2123.**